Only

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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) over the lines. is changed) Arizona's Bold Era PAC (ABE PAC) 2465 Centreville Rd. ADDRESS (number and street) Ste J17-714 (Check if address is changed) Herndon 20171 CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS compliance@clcompliance.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 07 2023 C00832980 FEC IDENTIFICATION NUMBER 3. IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Wojciechowski, Maria, , , Type or Print Name of Treasurer Wojciechowski, Maria, , , [Electronically Filed] 02 07 2023 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

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TYPE OF COMMITTEE:								
Candidate Committee:	ate Committee:							
(a) This committee is a principal campaign committee. (Cor	nplete the candidate information below.)							
(b) This committee is an authorized committee, and is NOT information below.)	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)							
Name of Candidate								
Candidate Office Party Affiliation Sought: House	State President  District							
(c) This committee supports/opposes only one candidate, a	nd is NOT an authorized committee.							
Name of Candidate								
Party Committee:								
(d) This committee is a (National, State or subordinate) co	(Democratic, Republican, etc.) Party							
Political Action Committee (PAC):								
(e) This committee is a separate segregated fund. (Identify	connected organization on line 6.) Its connected organization is a							
Corporation Corpora	tion w/o Capital Stock Labor Organization							
Membership Organization Trade A	ssociation Cooperative							
In addition, this committee is a Lobbyist/Regis	trant PAC.							
(f) This committee supports/opposes more than one Feder committee. (i.e., nonconnected committee)	al candidate, and is NOT a separate segregated fund or party							
In addition, this committee is a Lobbyist/Regis	trant PAC.							
In addition, this committee is a Leadership PA	.C. (Identify sponsor on line 6.)							
(g) This committee is an independent expenditure-only political committee (Super PAC).								
In addition, this committee is a Lobbyist/Registrant PAC.								
(h) This committee is a political committee with both contrib	oution and non-contribution accounts (Hybrid PAC).							
In addition, this committee is a Lobbyist/Regis	trant PAC.							
Joint Fundraising Representative:								
(1)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.							
This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.								
Committees Participating in Joint Fundraiser								
1.	C							

	FEC Form 1	1 (Revised (	02/2009)				Pa	<b>I</b> ge <b>3</b>
W	/rite or Type Comn			/ADE DAC\				
<u> </u>	Arizona's Bold Era PAC (ABE PAC)  Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Spo							Sponsor
	NONE		_					I
	Mailing Address							
				CITY A		STATE ▲	ZIP CO	DE 🛦
	Relationship:	Connected	Organization	Affiliated Organization	Joint Fundraising	Representativ	re Leadersh	ip PAC Sponsor
7.	Custodian of Rec		tify by name, addre	ss (phone number op	otional) and position c	of the person in	n possession of co	nmittee
		Wojciecho	wski, Maria, , ,					
	Full Name							
	Mailing Address		2465 Centreville I	Rd.				
			Ste J17-714					
			Herndon			VA	20171	
				CITY ▲		STATE ▲	ZIP CO	DE 🛦
	Title or Position	▼						
	Treasurer				Telephone num	nber		-
3.			d address (phone assistant treasurer	number optional) o	f the treasurer of the	committee; a	nd the name and	address of
	Full Name	Wojciecho	wski, Maria, , ,					
	of Treasurer							
	Mailing Address		2465 Centreville I	Rd.				
			Ste J17-714					
			Herndon			Ŭ VA □	20171	
				CITY ▲		STATE ▲	ZIP CO	DE 🛦
	Title or Position	▼						
	Treasurer				Telephone num	nber		

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Full Name of Designated Agent							
Mailing Address							
Title or Position ▼	CITY ▲	STATE ▲	ZIP CODE ▲				
	Telephone n	umber					
Banks or Other Depositoric safety deposit boxes or main	es: List all banks or other depositories in which the comm tains funds.	ittee deposits funds, hol	ds accounts, rents				
Name of Bank, Depository, e	Name of Bank, Depository, etc.						
Chain Bridge Bank							
Mailing Address	1445-A Laughlin Avenue						
	McLean	VA 22101					
	CITY A	STATE ▲	ZIP CODE ▲				
Name of Bank, Depository, etc.							
Mailing Address							
	CITY A	STATE ▲	ZIP CODE ▲				